

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

DEPARTMENT OF USTRIAL RELATIONS

Please type or print in ink.

☐ Candidate

Election Year: .

A Public Document

2019 MAR 30 PM 12: 11

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NAME (LAST)	(FIRST)	(MIDD	LE)	PERDAYTIME TELEPHONE NUMBER	
Duncan	John	Coll	amer .	(415) 703-5067	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS	
455 Golden Gate Avenue, 10th Floor	San Francisco	CA	94102		
1. Office, Agency, or Court	4. Schedu	le Summa	NY/		
Name of Office, Agency, or Court:		► Total number of pages			
Department of Industrial Relations		including this cover page:			
Department of Industrial Relations Division, Board, District, if applicable:					
Office of the Director		 ▶ Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached schedules: 			
· · · · · · · · · · · · · · · · · · ·					
Your Position:					
Director		Schedule A-1			
▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)					
Agency: State Compensation Insurance Fund					
Position: Ex-Officio member		Schedule B Real Propert		schedule attached	
2. Jurisdiction of Office (Check at least one box)		Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)			
		Schedule D			
County of		Income – Gifts			
☐ City of		Schedule E			
☐ Multi-County					
☐ Other		-or-			
2 Type of Statement (a)	☐ No repo	rtable interests	s on any schedule		
3. Type of Statement (Check a	it least one box)				
Assuming Office/Initial Date:/		5. Verificat	ion		
Annual: The period covered is Jan	uary 1, 2009,	I have used	all reasonah	le diligence in preparing this	
through December 31, 2009. -Or- O The period covered is/, through December 31, 2009.				I this statement and to the best	
			of my knowledge the information contained herein and in any		
		attached schedules is true and complete.			
Leaving Office Date Left:/(Check one)		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
O The period covered is January 1, 2009, through the date of leaving office.		Date Signed	3/:	29/10	
-or-			40	(month, day, year)	
O The period covered is/, through the date of leaving office.		Signature // Signature // (Fife the originally signed statement with your filing official.)			

SCHEDULE A-1 Investments

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) 2019 11

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

R 30 Pohipe i Duncan

	FRANKEN DE LES
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Apple Computer Inc.	SPDR Trust Series I
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Information Technology	Exchange Traded Fund
FAIR MARKET VALUE	FAIR MARKET VALUE
★ \$2,000 - \$10,000	☐ \$2,000 - \$10,000 XX \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENTS&P 500 Index Stock Fund
(Describe)	(Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
10 , 26 , 09 0 , 0 , 09	<u>0,0,09</u> <u>0,09</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Agnico-Engle Mines LTD	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mining	
FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$\tag{\$10,001 - \$1,000,000}\$ Over \$1,000,000
- '	
NATURE OF INVESTMENT ☐ Stock ☐ Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)
O meditic received of word (report on schedule of	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
0 , 0 , 09 0 , 0 , 09	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY AGG (iShares Lehman Aggregate Bond Fund)	► NAME OF BUSINESS ENTITY
	, OTALEDAL DECODIDEION OF PURINECS ACTIVITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Bond Fund	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income of \$0 - \$500 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
0,0,09 0,0,09	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
'	
Comments:	